Public Document No. 23

EIGHTY-THIRD ANNUAL REPORT

OF

THE TRUSTEES

OF THE

WORCESTER STATE HOSPITAL

FOR THE

YEAR ENDING NOVEMBER 30, 1915.

BOSTON:
WRIGHT & POTTER PRINTING CO., STATE PRINTERS,
32 DERNE STREET.
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Mass. Officials

Approved by
The State Board of Publication.

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GEORGIE A. BACON,	WORCESTER.
AMOS CHASE,	LYNN.
WILLIAM J. DELAHANTY, M.D.,	WORCESTER.
TIMOTHY J. FOLEY, M.D.,	WORCESTER.
DONALD GORDON,	BOSTON.
ELLEN A. SHEEHAN,	WORCESTER.

RESIDENT OFFICERS.

ERNEST V. SCRIBNER, M.D.,	*Superintendent.*
B. HENRY MASON, M.D.,	*Senior Assistant Physician.*
GEORGE A. MACIVER, M.D.,	*Assistant Physician.*
HAROLD C. AREY, M.D.,	*Assistant Physician.*
ROY C. JACKSON, M.D.,	*Assistant Physician.*
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GEORGE E. MOTT, M.D.,	*Assistant Physician.*
R. GRANT BARRY, M.D.,	*Assistant Physician.*
JENNIE G. McINTOSH, M.D.,	*Junior Assistant Physician.*
MARIAN K. LIBBY,	*Director of Industrial Therapeutics.*
ELSIE I. MACKENZIE, R.N.,	*Superintendent of Nurses.*
ARTHUR E. GILMAN,	*Steward.*
BERTHA HARRIS,	*Matron.*
JOSEPH T. REYNOLDS,	*Farmer.*

NONRESIDENT OFFICERS.

HAROLD I. GOSLINE, M.D.,	*Pathologist.*
HOWARD BEAL, M.D.,	*Consulting Surgeon.*
WALTER W. CAMPBELL, D.D.S.,	*Dentist.*
GEORGE E. PARESEAU,	*Druggist.*
GEORGE L. CLARK,	*Auditor.*
JESSIE M. D. HAMILTON,	*Clerk.*
JAMES DICKISON, JR.,	*Engineer.*

The Commonwealth of Massachusetts.

TRUSTEES' REPORT.

To His Excellency the Governor and the Honorable Council.

The trustees of the Worcester State Hospital herewith respectfully submit their eighty-third annual report.

The Legislature of 1914 made no special appropriations for the institution as the needs of the State in other directions seemed more urgent.

The most immediate needs of the institution are those which follow: —

First. — The solution of the sewage problem. For more than a decade of years the attention of the Legislature has been called to this vital issue. At present the sewage is treated by a questionable process of filtration. The fact still remains that the sewage of the institution is not being properly disposed of. Some way should be devised to care for it, so that a growing community may be protected from a possible menace. Sanitation seems to be the watchword of the present day. Citizens living in the vicinity of these so-called filter beds have, with reason, criticized the procrastinating methods adopted by the State of solving this problem of sanitation. They cannot and do not feel that the State is doing its duty as the guardian of the health and comfort of its citizens while it permits such a condition to prevail.

Since the appropriation of $7,500 for a sewer pipe line to connect with the Worcester sewerage system, made by the Legislature of 1913, is unavailable, owing to the terms of the act, we urge immediate consideration of this matter.

The disposal of the sewage is a serious concern to the institution and its vicinity, and the maintenance of filter beds upon the grounds prevents, on account of pollution, the development of a private water supply which would be of inestimable value to the institution, and which would make a saving to the Commonwealth of some thousands of dollars annually.

Second. — The conditions which exist at this institution make it difficult to serve food properly. There are numerous small, unattractive dining rooms, many of them distant from the kitchen, which means a great loss in efficient service. The creation of congregate dining rooms would insure more efficient and economical service, and would add much to the comfort and convenience of inmates, nurses and attendants. The present laundry building could be suitably converted for this purpose.

Industrial therapeutics contribute much to the successful treatment and management of inmates. At present some of the rooms used for industrial occupations are inadequate and unsuitable. We, therefore, for the third time, renew our request for an appropriation of $100,800 for the construction of a laundry and industrial building, and for the conversion of the old laundry into congregate dining rooms.

Third. — The help problem is one which confronts the management of every institution, and one which the State can aid very materially by providing suitable accommodations for the employees, especially those with families. It is the purpose of this institution to increase the number of married employees. To do this it is necessary that provision be made for their comfort, in order to attract to the service the best class of help obtainable; the better the help, the better the service. We, therefore, repeat our request for appropriations of $16,000 and $11,400, the former for the construction of two cottages, at $8,000 each, to house employees, the latter for two bungalows, at $5,700 each, for members of the medical staff and their families.

Fourth. — The installation of a cold-storage plant would permit the purchasing of supplies in larger quantities and with greater economy, and would insure better care of the products

of the farm and garden. We renew, for the third time, our request for an appropriation of $50,400, to be used for the construction and equipment of a building for this purpose.

Fifth. — At present the accommodations for housing men in numbers sufficient to work the farm at Hillside are inadequate. The trustees feel that if a suitable building could be erected to care for 50 male patients capable of doing farm work, much good would result to the patients and profit to the institution. We, therefore, ask for an appropriation of $20,000 for the construction of such a building at Hillside Farm.

Sixth. — Again we ask you to consider the wage question. It is our desire to make the officers and employees feel that faithful service is appreciated and will be rewarded through increased pay, — a consideration very vital for the retention of efficient help.

Seventh. — We ask that as liberal a maintenance allowance as possible be granted, as there are many improvements necessary in the institution and the buildings connected with it.

Accompanying this report are those of the superintendent and treasurer, which contain more detailed statements as to the conditions, needs and activities of the institution.

The problem of caring for defective delinquents is a serious one. It is hoped that the solution will render it unnecessary to confine them in any institution for the insane.

During the year a social worker has been added to the staff. Through her work the institution has been brought into a closer relation with this and other communities, and an increasing number of patients are returned to their homes, — a much desired result.

Another venture, well under way now, is the co-operation of the institution with the school authorities in regard to determining the mental age of defective children.

Thus the institution is reaching out more and more into the community, and its motives and work are being better understood by the people, who can, therefore, appreciate the efforts made for their betterment.

It is with regret that we have to record the death, during the year, of Miss Isa M. Richardson, the director of industrial

therapeutics. We wish to express our appreciation of her faithful, devoted and efficient service during the time in which she was connected with the institution.

The trustees wish to express their appreciation of faithful services rendered by the superintendent, members of the staff, and the employees of the institution.

Respectfully submitted,

GEORGIE A. BACON.
AMOS CHASE.
WILLIAM J. DELEHANTY.
TIMOTHY J. FOLEY.
DONALD GORDON.
ELLEN A. SHEEHAN.

Nov. 30, 1915.

SUPERINTENDENT'S REPORT.

To the Trustees of the Worcester State Hospital.

I herewith respectfully submit the following report of the hospital for the year ending Nov. 30, 1915, it being the eighty-third annual report.

There remained at the hospital Oct. 1, 1914, 1,420 patients,—719 men and 701 women. During the year ending Sept. 30, 1915, there were admitted 731 patients, — 376 men and 355 women. Six hundred and ninety-two patients — 380 men and 312 women — were dismissed from the hospital. Of this number, 325 patients — 189 men and 136 women — were discharged; 132 patients — 76 men and 56 women — died; 91 patients — 29 men and 62 women — were transferred; and 142 patients — 85 men and 57 women — left on visit or escape; leaving at the end of the statistical year, 1,459 patients, — 715 men and 744 women. Of this number, 1,243 were supported by the State, 118 by friends, and 98 as reimbursing patients. Of the 416 patients discharged and transferred, 54 were reported recovered, 84 capable of self-support, 80 improved and 95 not improved. Four men and 8 women (including 3 habitual drunkards, women) were discharged as not insane. One man and 4 women were transferred by the State Board of Insanity to the Danvers State Hospital; 4 men and 4 women to the State Infirmary; 1 man and 2 women to the Boston State Hospital; 1 woman to the Taunton State Hospital; 2 women to the Medfield State Hospital; 8 women to the Westborough State Hospital; 1 woman to the Foxborough State Hospital; 19 women to the Gardner State Colony; 1 man to the Bridgewater State Hospital; 4 men and 5 women to the Monson State Hospital, and 18 men and 15 women to the Grafton State Hospital. Ten men and 6 women were removed from the State, and 1 woman was boarded out.

There remained at the end of the year 39 patients more than at the beginning. The smallest number under treatment on any one day was 1,405, and the largest, 1,493. The daily average number was 1,450.14.

The percentage of recoveries, calculated upon the number of discharges and deaths, was 11.8; calculated upon the number of admissions it was 7.4.

The death rate was 6.1, calculated on the whole number of patients under treatment, and 9.1, calculated on the daily average number.

Of the cases admitted, by far the greater number suffered from dementia præcox; then come manic-depressive, senile dementia, general paralysis and alcoholic psychoses. In considering admissions it is of interest to note that the percentage of voluntary cases has more than doubled over that of last year. Temporary-care cases have increased over 50 per cent. The Legislature of last year extended the time that temporary-care cases can be detained without commitment from seven to ten days. This, perhaps, in some measure accounts for this increase. This extension of time was a move in the right direction, but, in my opinion, if the time were again extended to twenty-one days, the results would be even more satisfactory. The temporary-care act not only serves as a great convenience, but in many cases obviates entirely the necessity for formal commitment.

The general health of the institution has been good. There has been no case of contagious disease of any kind during the year among either patients or employees, a fact which is rather remarkable when we consider the large numbers of persons who are resident here and that new cases are being constantly received from the general community. Dysentery, which for several years assumed almost an epidemic form, has practically ceased to exist. During the year but two cases of this disease occurred, both of which recovered. I cannot but attribute this excellent result in great measure to the painstaking care of the medical staff and the very vigorous and effective general sanitary measures which have been enforced.

A few cases of pellagra have occurred among the patients. This is a disease which is more prevalent in the south and west

than in New England. That pellagra, however, has existed in this community in former years is undoubtedly true, and the fact of the recognition of more cases now may be partially accounted for by a greater accuracy in diagnosis. The nature and causes of this disease are but poorly understood. It is pretty generally accepted, however, that it is due to faulty nutrition. Appropriate dietary treatment in many cases affords relief, and in some, seems to effect a cure. In one fatal case it seemed fair to attribute the mental disease to the influence of the pellagra.

One of the most important changes of the year has been the reorganization of the training school for nurses. No other agency for their care can ever come into such intimate relation with our patients as the nursing staff. How important then that we should not only make the best and most careful selection of the personnel of the nursing force, but also that having secured good material we should so shape and mold it as to best adapt it for the accomplishment of our ends, the efficient and kindly care of those most unfortunate persons who have been committed to our institution. While the training of the nurse is primarily that she may better and more intelligently care for her patients, it does supplement the too meager wage which the financial limitations of the hospital forces it to offer, and renders the service more attractive.

The training course has formerly covered a period of two years. The insane hospital, from the nature of its work, has hitherto been unable to offer to its pupil nurses that experience in certain branches which only a general hospital could offer, and with the limited time in the course has compelled its graduates to seek by post-graduate work to supplement the training which was received here. During the past year the training course has been extended to cover a period of three years. An arrangement has been entered into with Bellevue and the allied hospitals of New York whereby our nurses, at some time during the three years' course, preferably during the second year, are received there for a ten months' course, and on graduation here are given a certificate from Bellevue covering the work done there. In changing our course from two years to three years an option was given to the senior class to

graduate at two years and receive a diploma accordingly. The interest and appreciation of the newly arranged course was shown by every member of the class electing to continue on the three-year basis.

The out-patient service, established last year, has been continued, and seems to be appreciated by the community. At each of the clinics the social worker is present, and follows up cases as the needs may indicate. Many former patients and those now out on visit report at these times, and thus enable the institution to keep in touch with individual cases.

Early in our out-patient service attention was called to the needs of the backward and defective school children, a special clinic being arranged for these cases one-half day of each month, a representative from the staff of the School for Feeble-minded co-operating with the members of our hospital staff. At first these clinics were held at the hospital, but the growing attendance finally led up to a conference with the superintendent of schools, resulting in arrangements being made to hold a clinic in the school committee room in the City Hall on the third Tuesday afternoon of each month. The city has no psychologist to examine the children who are unable to keep up with the class work in the schools, and so many pupils have been presented for examination and so much interest has been evinced that now a whole day is given up to this work once each month. At this clinic the child's mental age is established, and advice given as to whether commitment to one of the schools for feeble-minded is desirable, or whether the child may properly continue to be cared for in the community, under proper supervision. This latter class is given work in one of the ungraded schools, especially along the lines of manual training, and in a year is again brought up for examination to see if any good has been accomplished. The success of this clinic is largely due to the energetic work of Miss Edith M. Dixon, who arranges with the parents of a certain number of children each month to attend the clinic.

The growing importance of the social work, which for some time was carried on by different members of the medical staff, made it necessary early in the year to appoint a regularly trained social worker. Miss Marie L. Donohoe was secured for this position. She has entered into her work with enthusiasm,

and is proving a valuable addition to the regular hospital staff. Miss Mildred T. Hurley is also kindly doing volunteer social service. The volume of the social work is such that both these young women are kept pretty constantly and profitably employed.

This whole out-patient and social work is doing something more than attending to the needs of the individuals and families immediately concerned. It is carrying on a campaign of education in the community; it is removing distrust, and teaching the community that the hospital influence seeks to be kindly, helpful and co-operative; it is teaching the hospital to better understand the community view and to cope more intelligently with the problem of securing for its patients as early a return to the home as possible. The social worker is invaluable in placing out patients in family care and in their supervision when so placed. In discharging patients into the community, where there is lack of information as to home conditions, the report of the social worker is of great value in determining proper action. If patients have no home or friends, employment is sometimes secured, proper boarding places found, and assistance given in placing them once more in a position to become self-supporting.

The State Board of Insanity has removed from the institution practically all of its epileptics and the women inebriates and victims of drug habits, concentrating these cases in certain specified institutions. This practice has certainly assisted in the better classification of the other patients here and should result in good to the classes in question, as they will now be concentrated where more intensive methods of study and treatment can be applied. It is now to be hoped that at some early date the problem of the defective delinquent will be as effectually solved.

During the year Miss Isa M. Richardson, our director of industrial therapeutics, died after a sudden and brief illness. Miss Richardson was an earnest, conscientious and capable young woman, who was carrying on a very useful and successful work here. She was well liked by her associates and her untimely death was a great shock to us all. Miss Marian K. Libby has been appointed to carry on this work.

Interest in the therapeutic industries continues unabated.

Much work is accomplished on the wards and in the special industrial rooms for the men and women. This industrial work has great value in the treatment of certain forms of mental disease, to combat dementing tendencies.

The work of the dentist has been somewhat amplified, and in addition to his regular work three weeks of intensive application have been devoted to the treatment of cases of Rigg's disease, an affection of the gums. In the course of this work an examination was made of the teeth of every patient in the house. Satisfactory results were obtained in the majority of cases.

The Legislature of last year failed to authorize measures which would solve the question of the disposal of the sewage from this institution. I feel that I should do less than my duty if I should fail to present this subject for the consideration of your Board. The present method of sewage disposal is entirely inadequate, and is a source of serious offence to the neighbors and the passers-by. I would again recommend that your Board ask for some measure of relief. I believe that the only solution of the matter that would be in any degree permanently satisfactory is the connection of our sewer with the system of the city of Worcester. The estimate for the accomplishment of this work is $7,500. If this sum can be granted under such conditions as it is possible to comply with, it will provide a solution of our long-standing difficulties.

Last year your Board made several requests for special appropriations covering work which it seemed highly desirable should be entered into to develop the institution more fully and to increase its efficiency. The desirability of accomplishing these undertakings has been recognized by the State Board of Insanity to the extent that, under its authority, plans and specifications covering this work have been prepared. The urgent necessities of the State expenditures prevented the granting of our special appropriations last year. I recommend that your Board again bring forward these requests that they may again be considered and, if found possible, granted.

I believe that a better and more economical service of food could be obtained if for many of our small dining rooms one large central room could be provided, located near the

kitchen and to which the majority of our patients could come. The building now occupied by the laundry, carpenter shop, and some of our other industries, could well be converted into a large congregate dining room. This would necessitate the erection of a new building for the accommodation of those activities. Such a building, constructed of brick, two stories and basement, could well provide for the laundry in the basement and first story, leaving the upper story for the various industrial operations. All these changes are considered together because they are interdependent. It is estimated that to carry out these plans will cost $100,800.

It would seem to be a rather self-evident fact that to secure and retain in the service competent and desirable persons not only should a reasonable wage be paid but also that the conditions of living should be made as attractive as possible. With this end in view I recommend that permission be sought for the erection of two more houses for employees, to accommodate 10 employees on the upper floor, the lower providing a home for a man and his family. To erect and furnish such buildings will need the sum of $16,000.

Greater opportunities for independent family life should also be provided for certain of our officers. I recommend that authority be sought for the erection and furnishing of two bungalows for this purpose. To accomplish this will require the expenditure of $11,400.

I believe that it would increase the efficiency of the steward's department if it were possible to house our supplies in one building, which should be equipped with refrigerating apparatus providing cold storage for such articles as needed this special provision. For the erection of this building as planned the sum of $50,400 will be needed.

Milk has been one of the most important products of the farm. This institution, by the farmer's careful management, had bred up one of the finest herds of Holstein cattle that existed in this part of the country. I regret to state that, despite very careful and persistent quarantine, the hoof-and-mouth disease found entrance and soon infected the entire herd which was maintained at the home farm, necessitating the slaughter of every animal there.

Fortunately, the institution did not have all of its cows in one place. At the Hillside Farm in Shrewsbury, another herd was maintained, which did not become infected, and can serve as the nucleus from which to breed back and replenish our stock.

At the Hillside Farm the housing accommodation is not sufficient to provide for as many workers as it would seem desirable to maintain there. While the farm there has been conducted at a profit, a greater efficiency in operation could be secured if a greater number of our able-bodied male patients could be permanently housed there. I agree with the proposition of the State Board of Insanity to erect a new building there to accommodate 50 male patients. Such a building as would be suitable for this purpose could probably be erected and furnished for about $20,000 if patient labor could be used as far as possible in its erection.

Early in the year Dr. Mary E. Morse resigned her position as assistant pathologist to accept an appointment at the Boston State Hospital. A little delay was experienced in securing a successor. Dr. Harold I. Gosline has now been appointed to the position of pathologist. He has had experience at the Danvers State Hospital and the Boston Psychopathic Hospital. He comes well recommended and equipped, and is taking up the laboratory work with every promise of success.

It gives me great pleasure to commend the work of the medical staff. Every member has done conscientious and efficient work. The large numbers of patients received and the special activities and innovations have made new and imperative demands upon the staff. In every instance these demands have been met in an efficient and cheerful manner. Considerable active work has been done in hydrotherapy with the acute cases. A few properly applied treatments have in many instances seemed useful in breaking up mental torpidity and stimulating an interest in surroundings. Treatment with electricity has also in some instances seemed to exert a favorable influence on paralytic conditions.

I wish to acknowledge my indebtedness to all of the officers and employees who have, in the main, rendered faithful service, and have assisted in bringing about any measure of success which may have been attained.

Religious services have been held regularly in the chapel.

The usual round of chapel entertainments has served to interest and amuse our patients.

Thanks are again due to the publishers of the "Fitchburg Sentinel" and the "Worcester Evening Gazette" for copies of their papers, and to the Worcester Employment Society for assistance in sewing.

E. V. SCRIBNER,
Superintendent.

Nov. 30, 1915.

LABORATORY REPORT.

To the Superintendent of the Worcester State Hospital.

The report of the laboratory for the past year is herewith respectfully submitted.

The following routine work has been done: —

Urinalyses,	760
Bacteriological examinations (exclusive of throat cultures),	65
Throat cultures,	61
Sputum examinations,	47
Blood examinations,	36
Cerebrospinal fluid examinations,	25
Vaginal smears,	25
Stomach contents,	10
Fecal examinations,	8
Surgical specimens,	4
Pus from ear,	1
Clot from uterus,	1
Culture from eye,	1
Smear from abscess,	1
Cervical smear,	1
Total,	1,046

Forty-two autopsies were performed during the year, representing 31 per cent. of the deaths during this period.

The psychiatric diagnoses in the cases were as follows: —

Senile psychoses,	13
Organic dementia,	10
General paralysis,	7
Dementia præcox,	6
Alcoholic psychoses,	3
Imbecility,	1
Manic-depressive insanity,	1
Paranoid condition,	1
Total,	42

The major anatomical diagnoses were: —

Pulmonary tuberculosis,	5
General paralysis,	5
Broncho-pneumonia,	5
Arteriosclerosis,	5
Brain tumor,	3
Lobar pneumonia,	3
Myocarditis,	2
Intestinal tuberculosis,	2
Pellagra,	2
Chronic ulcerative colitis,	1
Acute cardiac dilatation,	1
Chronic bronchitis with hydrothorax,	1
Pulmonary gangrene,	1
Cardiovascular renal disease,	1
Internal hemorrhagic pachymeningitis,	1
Subdural hemorrhage,	1
Cerebral embolism,	1
Myocarditis with fatty degeneration,	1
Pulmonary infarct,	1
Cerebral hemorrhage,	1
Chronic interstitial nephritis,	1
Hypostatic pneumonia,	1
Septicæmia,	1
Total,	46
Counted twice,	4
	42

The delay incident to the change in the laboratory staff has been fully made up, and we are in good running condition again.

During the incumbency of the present pathologist the internal arrangement of the laboratory has been modified to enable it to turn out the greatest amount of work with the working force available.

A different method has been devised for the storing of brains than the one formerly used here.

The autopsied cases from the beginning of the laboratory have been numbered in such a way as to make available at a moment's notice the total number of autopsies done since the beginning of the laboratory and the total number done in any given year.

A catalogue of the literature in the library has been started. This will cut down the time for looking up references from several days to a few moments, when completed.

An index of the clinical symptoms in autopsied cases is about 20 per cent. completed. Such an index will make possible scientific studies, which have been impossible in the past owing to the time required to get out the facts.

One study has been completed, entitled "The Conduct of the Insane: a Contribution to the Psychopathological Theory," presented at the twentieth anniversary of the founding of the Danvers State Hospital laboratory Nov. 19, 1915.

Meetings have been held in the laboratory at frequent intervals, at which topics of current interest have been presented before the staff.

H. I. GOSLINE, M.D.,
Pathologist.

Nov. 30, 1915.

VALUATION OF PERSONAL PROPERTY.

Food,	$8,825 00
Clothing,	11,452 00
Furnishings,	81,676 00
Heat, light and power,	10,066 00
Repairs and improvements,	4,210 00
Farm, stable and grounds,	38,749 00
Miscellaneous,	17,256 00
Industries,	2,251 00
Total,	$174,485 00

TREASURER'S REPORT.

To the Trustees of the Worcester State Hospital.

I respectfully submit the following report of the finances of this institution for the fiscal year ending Nov. 30, 1915: —

CASH ACCOUNT.

Balance Dec. 1, 1914,				$12,777 04
Receipts.				
Institution Receipts.				
Board of inmates: —				
Private,		$34,579 52		
Reimbursements, insane,		16,211 77		
			$50,791 29	
Sales: —				
Food,		$515 47		
Clothing and materials,		353 15		
Furnishings,		66 44		
Repairs and improvements,		9 89		
Miscellaneous,		53 57		
Farm, stable and grounds: —				
Cows and calves,	$92 00			
Hides,	48 87			
Sundries,	53 17			
		194 04		
			1,192 56	
Miscellaneous receipts: —				
Interest on bank balances,		$668 45		
Rent,		42 00		
Sundries,		476 17		
			1,186 62	
				53,170 47
Sales, account of industries fund,				193 10
Receipts from Treasury of Commonwealth.				
Maintenance appropriations: —				
Balance of 1914,			$495 28	
Advance money (amount on hand November 30),			25,000 00	
Approved schedules of 1915,		$337,121 58		
Less returned,		41 33		
			337,080 25	
				362,575 53
Special appropriations,				285 00
Industries fund,				188 12
Total,				$429,189 26

Payments.

To treasury of Commonwealth: —		
Institution receipts,		$53,170 47
Industries fund,		193 10
Maintenance appropriations: —		
Balance November schedule, 1914,	$13,272 32	
Eleven months' schedules, 1915,	337,080 25	
November advances,	13,741 79	
		364,094 36
Special appropriations: —		
Approved schedules,		285 00
Industries fund: —		
Approved schedules,		188 12
Balance Nov. 30, 1915: —		
In bank,	$10,510 65	
In office,	747 56	
		11,258 21
Total,		$429,189 26

MAINTENANCE.

Appropriation (allowance for coal, $534.30),	$372,784 30
Expenses (as analyzed below),	372,576 99
Balance reverting to treasury of Commonwealth,	$207 31

Analysis of Expenses.

Salaries, wages and labor: —		
Dr. Ernest V. Scribner, superintendent,	$3,000 00	
General administration,	37,722 90	
Medical service,	14,897 95	
Ward service (male),	30,001 79	
Ward service (female),	33,237 51	
Repairs and improvements,	18,588 05	
Farm, stable and grounds,	13,730 55	
	$151,178 75	
Wages refunded, account of 1914 expenses,	41 33	
		$151,137 42
Food: —		
Butter,	$7,078 24	
Butterine,	4,944 11	
Beans,	1,112 09	
Bread and crackers,	435 38	
Cereals, rice, meal, etc.,	2,769 13	
Cheese,	704 81	
Eggs,	5,590 33	
Flour,	11,013 25	
Fish,	3,194 27	
Fruit (dried and fresh),	3,811 38	
Lard,	1,659 24	
Meats,	24,742 76	
Amounts carried forward,	$67,054 99	$151,137 42

Amounts brought forward,	$67,054 99	$151,137 42
Food — *Con.*		
Milk,	13,070 42	
Molasses and syrup,	307 17	
Spices, seasonings, salt, etc.,	403 45	
Sugar,	7,040 99	
Tea, coffee, broma and cocoa,	1,967 20	
Vegetables,	5,483 26	
Yeast,	177 85	
Sundries,	317 14	
		95,822 47
Clothing and materials: —		
Boots, shoes and rubbers,	$1,143 94	
Clothing,	3,436 69	
Dry goods for clothing and small wares,	2,143 41	
Furnishing goods,	283 15	
Hats and caps,	70 82	
Leather and shoe findings,	130 32	
		7,208 33
Furnishings: —		
Beds, bedding, table linen, etc.,	$9,275 08	
Brushes, brooms,	530 37	
Carpets, rugs, etc.,	649 11	
Crockery, glassware, cutlery, etc.,	2,247 33	
Furniture and upholstery,	2,274 01	
Kitchen furnishings,	943 06	
Materials and machinery for manufacturing,	159 79	
Wooden ware, buckets, pails, etc.,	761 38	
Sundries,	51 07	
		16,891 20
Heat, light and power: —		
Coal,	$35,620 74	
Wood,	5 50	
Gas,	449 69	
Oil,	252 81	
Sundries,	167 71	
		36,496 45
Repairs and improvements: —		
Brick,	$145 60	
Cement, lime and plaster,	326 77	
Doors, sashes, etc.,	48 14	
Electrical work and supplies,	1,240 29	
Hardware,	3,457 66	
Lumber,	4,013 27	
Machines (detached),	424 38	
Paints, oil, glass, etc.,	2,072 36	
Plumbing, steam fitting and supplies,	6,480 22	
Roofing and materials,	1,499 10	
Sundries,	477 12	
		20,184 91
Farm, stable and grounds: —		
Automobiles and supplies,	$1,902 71	
Automobile repairs,	268 55	
Blacksmith and supplies,	511 17	
Amounts carried forward,	$2,682 43	$327,740 78

Amounts brought forward,	$2,682 43	$327,740 78
Farm, stable and grounds — *Con.*		
Carriages, wagons, etc., and repairs,	395 99	
Fertilizers, vines, seeds, etc.,	841 76	
Hay, grain, etc.,	8,452 67	
Harnesses and repairs,	353 60	
Other live stock,	49 00	
Tools, farm machines, etc.,	739 79	
Sundries,	1,005 19	
		14,520 43
Religious services,		1,232 35
Miscellaneous: —		
Books, periodicals, etc.,	$439 03	
Cuspidor supplies,	37 90	
Entertainments,	508 25	
Freight, expressage and transportation,	1,287 31	
Funeral expenses,	391 00	
Gratuities,	57 65	
Hose, etc.,	77 12	
Ice,	209 96	
Medicines and hospital supplies,	3,855 87	
Medical attendance, nurses, etc. (extra),	84 00	
Patients' board out,	5,703 82	
Postage,	761 80	
Printing and printing supplies,	861 58	
Printing annual report,	178 75	
Return of runaways,	134 07	
Soap and laundry supplies,	3,218 13	
Stationery and office supplies,	1,186 98	
Travel and expenses (officials),	1,093 92	
Telephone and telegraph,	708 72	
Tobacco,	1,326 33	
Water,	6,082 34	
Sundries,	878 90	
		29,083 43
Total expenses for maintenance,		$372,576 99

Special Appropriations.

Balance Dec. 1, 1914,		$912 21
Expended during the year (see statement annexed),	$285 00	
Reverting to treasury of Commonwealth,	627 21	
		$912 21

Resources and Liabilities.

Resources.

Cash on hand,	$11,258 21	
November cash vouchers (paid from advance money), account of maintenance,	13,741 79	
Due from treasury of Commonwealth, account of November, 1915, schedule,	10,496 74	
		$35,496 74

Liabilities.

Schedule of November bills,	$35,496 74

Per Capita.

During the year the average number of inmates has been 1,463.09.
Total cost for maintenance, $372,576.99.
Equal to a weekly per capita cost of $4.897.
Receipt from sales, $1,192.56.
Equal to a weekly per capita of $0.156.
All other institution receipts, $51,977.91.
Equal to a weekly per capita of $0.685.

Industries Fund.

Balance Dec. 1, 1914,	$18 83
Receipts credited,	193 10
	$211 93
Expenditures, approved schedules (see statement below),	$188 12
Balance Nov. 30, 1915,	23 81
	$211 93

Industries.

Expenditures.

Tools and machinery: —		
Tooling irons,	$2 50	
Labor,	92 75	
		$95 25
Materials: —		
Clay,	$21 23	
Leather,	2 99	
Linen, etc.,	41 10	
Notions,	11 40	
Painting supplies,	1 27	
Sills,	14 88	
		92 87
		$188 12

Special Appropriations.

Object.	Act or Resolve.	Whole Amount.	Expended during Fiscal Year.	Expended to Date.	Balance at End of Year.
Accommodations for 100 male patients, . . .	Acts 1912, chap. 129	$84,000 00	$285 00	$83,372 79	$627 21 [1]
		$84,000 00	$285 00	$83,372 79	–

[1] Reverting to treasury of the Commonwealth.

Respectfully submitted,

E. V. SCRIBNER,
Treasurer.

Examined and found correct as compared with the records in the office of the Auditor of the Commonwealth.

ALONZO B. COOK,
Auditor.

STATEMENT OF FUNDS.

Patients' Fund.

Balance on hand Nov. 30, 1914,	$4,088 16	
Receipts,	3,632 61	
Interest,	160 40	
		$7,881 17
Interest paid to State Treasurer,	$160 40	
Refunded,	3,091 97	
		3,252 37
		$4,628 80

Investment.

Worcester County Institution for Savings,	$2,000 00	
Worcester Five Cents Savings Bank,	1,000 00	
Balance Worcester National Bank,	1,235 28	
Cash on hand Dec. 1, 1915,	393 52	
		$4,628 80

Lewis Fund.

Balance on hand Nov. 30, 1914,	$1,562 60	
Income,	58 71	
		$1,621 31
Expended for books, etc.,		101 68
		$1,519 63

Investment.

American Telephone and Telegraph Company bond,	$926 36	
Worcester County Institution for Savings,	349 44	
Balance Worcester National Bank,	243 83	
		$1,519 63

Wheeler Fund.

Balance on hand Nov. 30, 1914,	$5,561 33	
Income,	273 37	
		$5,834 70
Expended for books, etc.,		261 31
		$5,573 39

Investment.

6 shares Worcester National Bank, ...	$1,002 00	
American Telephone and Telegraph Company bond, ...	712 50	
Worcester County Institution for Savings, . .	1,632 00	
Worcester Five Cents Savings Bank, ...	1,753 85	
Mechanics Savings Bank, ...	187 86	
Balance Worcester National Bank, ...	285 18	
		$5,573 39

LAWN FUND.

Balance on hand Nov. 30, 1914, ...	$157 34	
Income, ...	6 30	
		$163 64
Expended for plants, etc., ...		$163 64

MANSON FUND.

Balance on hand Nov. 30, 1914, ...	$1,356 92	
Income, ...	54 80	
		$1,411 72

Investment.

Worcester County Institution for Savings, ...	$1,411 72

Respectfully submitted,

E. V. SCRIBNER,
Treasurer of the Corporation.

Nov. 30, 1915.

WORCESTER, MASS., Dec. 8, 1915.

I hereby certify that I have this day compared the treasurer's statement of funds for the year ending Nov. 30, 1915, with the books kept at the Worcester State Hospital, and find it correct. I have also inspected the securities representing the investments, and find their value is as stated.

GEORGE L. CLARK,
Auditor of Accounts.

STATISTICAL TABLES.

[Form prescribed by State Board of Insanity.]

1. — *General Statistics of the Year.*

	Insane.			Voluntary Sane.			Temporary Care.			Inebriates.			Aggregates.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
Patients under care Sept. 30, 1914,	717	696	1,413	–	–	–	2	1	3	–	4	4	719	701	1,420
In hospital,	717	696	1,413	–	–	–	2	1	3	–	4	4	719	701	1,420
In family care,	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Viz.: regularly committed,	717	693	1,410	–	–	–	–	–	–	–	4	4	717	697	1,414
emergency,	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
voluntary,	–	3	3	–	–	–	–	–	–	–	–	–	–	3	3
temporary care,	–	–	–	–	–	–	2	1	3	–	–	–	2	1	3
Admitted within the year,	355	340	695	2	1	3	19	9	28	–	5	5	376	355	731
Viz.: by regular commitment,	230	225	455	–	–	–	–	–	–	–	2	2	230	227	457
emergency,	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
voluntary,	6	5	11	2	1	3	–	–	–	–	–	–	8	6	14
temporary care,	–	–	–	–	–	–	19	9	28	–	–	–	19	9	28
viz.: observation,	–	–	–	–	–	–	9	2	11	–	–	–	9	2	11
others,	–	–	–	–	–	–	10	7	17	–	–	–	10	7	17
by transfer,	4	45	49	–	–	–	–	–	–	–	–	–	4	45	49
from visit,	9	10	19	–	–	–	–	–	–	–	–	–	9	10	19
from escape,	2	2	4	–	–	–	–	–	–	–	–	–	2	2	4
Nominal admission for discharge,	103	53	156	–	–	–	–	–	–	–	3	3	103	56	159
Viz.: from visit,[1]	60	48	108	–	–	–	–	–	–	–	2	2	60	50	110
from escape,	43	5	48	–	–	–	–	–	–	–	1	1	43	6	49
Nominally admitted from escape for discharge on visit,	1	–	1	–	–	–	–	–	–	–	–	–	1	–	1
Whole number of cases within the year,	1,072	1,036	2,108	2	1	3	21	10	31	–	9	9	1,095	1,056	2,151
Dismissed within the year,	362	293	655	1	1	2	17	9	26	–	9	9	380	312	692
Viz.: discharged,	172	124	296	1	1	2	16	8	24	–	3	3	189	136	325
as recovered,	25	21	46	–	–	–	7	1	8	–	–	–	32	22	54
as capable of self-support,	46	34	80	–	–	–	4	–	4	–	–	–	50	34	84
as improved,	50	28	78	–	–	–	–	2	2	–	–	–	50	30	80
as not improved,	51	40	91	1	–	1	1	2	3	–	–	–	53	42	95
as not insane,	–	1	1	–	1	1	4	3	7	–	3	3	4	8	12
died,	76	56	132	–	–	–	–	–	–	–	–	–	76	56	132
transferred,	29	56	85	–	–	–	–	–	–	–	6	6	29	62	91
escaped,	20	1	21	–	–	–	–	–	–	–	–	–	20	1	21
on visit Oct. 1, 1915,	65	56	121	–	–	–	–	–	–	–	–	–	65	56	121
Nominal dismissals for commitment,	–	–	–	–	–	–	1	1	2	–	–	–	1	1	2

[1] Includes 1 female nominally admitted to be transferred.

1. — General Statistics of the Year — Concluded.

	Insane.			Voluntary Sane.			Temporary Care.			Inebriates.			Aggregates.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
Patients under care Sept. 30, 1915,	710	743	1,453	1	–	1	4	1	5	–	–	–	715	744	1,459
In hospital,	708	698	1,406	1	–	1	4	1	5	–	–	–	713	699	1,412
In family care,	2	45	47	–	–	–	–	–	–	–	–	–	2	45	47
Viz.: regularly committed,	710	743	1,453	–	–	–	–	–	–	–	–	–	710	743	1,453
emergency,	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
voluntary,	1	7	8	–	–	–	–	–	–	–	–	–	1	7	8
temporary care,	–	–	–	1	–	1	4	1	5	–	–	–	5	1	6
supported as State patients,	637	600	1,237	1	–	1	4	1	5	–	–	–	642	601	1,243
as reimbursing patients,	30	68	98	–	–	–	–	–	–	–	–	–	30	68	98
as private patients,	43	75	118	–	–	–	–	–	–	–	–	–	43	75	118
Number of different persons within the year,	963	977	1,940	1	1	2	21	10	31	–	6	6	985	994	1,979
Number of different persons admitted,	250	286	536	–	–	–	19	9	28	–	2	2	269	297	566
Number of different persons admitted from the community,	235	229	464	–	–	–	19	9	28	–	2	2	254	240	494
Number of different persons dismissed,	257	240	497	–	–	–	17	9	26	–	6	6	274	255	529
Number of different persons dismissed to the community,	228	185	413	1	1	2	16	8	24	–	–	–	245	194	439
Number of different persons recovered,	25	21	46	–	–	–	7	1	8	–	–	–	32	22	54
Number of different persons capable of self-support,	46	34	80	–	–	–	4	–	4	–	–	–	50	34	84
Daily average number in hospital,	715.07	699.30	1,414.37	.86	.05	.91	2.86	.63	3.49	–	.58	.58	718.79	700.56	1,419.35
Daily average number in family care,	2.76	28.03	30.79	–	–	–	–	–	–	–	–	–	2.76	28.03	30.79
Daily average number under care,	717.83	727.33	1,445.16	.86	.05	.91	2.86	.63	3.49	–	.58	.58	721.55	728.59	1,450.14
Viz.: State patients,	639.21	583.44	1,222.65	.86	.05	.91	2.86	.63	3.49	–	.58	.58	642.93	584.70	1,227.63
reimbursing patients,	32.93	65.26	98.19	–	–	–	–	–	–	–	–	–	32.93	65.26	98.19
private patients,	45.69	78.63	124.32	–	–	–	–	–	–	–	–	–	45.69	78.63	124.32
Whole number of voluntary admissions,	–	–	–	–	–	–	–	–	–	–	–	–	9	9	18
Daily average number of voluntary patients,	–	–	–	–	–	–	–	–	–	–	–	–	1.17	4.46	5.63
Whole number of temporary-care patients,	–	–	–	–	–	–	–	–	–	–	–	–	55	27	82
Daily average number of temporary-care patients,	–	–	–	–	–	–	–	–	–	–	–	–	2.86	.63	3.49

2. — Family-Care Department.

	Males.	Females.	Totals.
Remaining Sept. 30, 1914,	–	–	–
Admitted within the year,	7	57	64
Whole number of cases within the year,	7	57	64
Dismissed within the year,	5	12	17
Viz.: returned to institutions,	3	11	14
discharged,	1	–	1
died,	–	–	–
escaped,	1	1	2
Remaining Sept. 30, 1915,	2	45	47
Supported by the State,	2	40	42
Private,	–	3	3
Self-supporting,	–	2	2
Number of different persons within the year,	7	55	62
Number of different persons admitted,	7	55	62
Number of different persons dismissed,	5	12	17
Daily average number,	2.76	28.03	30.79
State,	2.76	24.98	27.74
Private,	–	1.79	1.79
Self-supporting,	–	1.26	1.26

3. — Insane received on First and Subsequent Commitment.

NUMBER OF THE COMMITMENT.	Cases committed.		
	Males.	Females.	Totals.
First to this hospital,	206	198	404
Second to this hospital,	25	18	43
Third to this hospital,	4	8	12
Fourth to this hospital,	–	2	2
Fifth to this hospital,	1	3	4
Fourteenth to this hospital,	–	1	1
Total cases,	236	230	466
Total persons,	235	229	464
Never before in any hospital for the insane,	194	174	368

4. — Nativity and Parentage of Insane Persons first admitted to Any Hospital.

PLACES OF NATIVITY.	Males.			Females.			Totals.		
	Patient.	Father.	Mother.	Patient.	Father.	Mother.	Patient.	Father.	Mother.
Massachusetts,	69	32	31	58	20	20	127	52	51
Other New England States,	18	19	13	18	15	15	36	34	28
Other States,	6	3	5	10	8	11	16	11	16
Total native,	93	54	49	86	43	46	179	97	95
Other countries: —									
Austria,	2	2	2	4	5	5	6	7	7
Azores,	1	1	1	–	–	–	1	1	1
Canada,	19	24	23	17	26	26	36	50	49
England,	6	8	7	6	9	10	12	17	17
Finland,	5	6	6	4	4	4	9	10	10
France,	–	1	1	–	–	–	–	1	1
Germany,	1	1	2	2	3	2	3	4	4
Greece,	3	2	2	–	–	–	3	2	2
Ireland,	19	35	40	31	51	46	50	86	86
Italy,	9	8	8	1	1	1	10	9	9
Lithuania,	1	1	1	–	–	–	1	1	1
Madeira Islands,	–	–	–	1	1	1	1	1	1
New Brunswick,	1	2	1	–	–	–	1	2	1
Newfoundland,	–	–	–	1	1	1	1	1	1
Norway,	2	2	2	–	–	–	2	2	2
Nova Scotia,	3	4	5	5	5	5	8	9	10
Poland,	3	3	3	–	–	–	3	3	3
Portugal,	1	1	1	1	1	1	2	2	2
Prince Edward Island,	–	2	1	2	1	2	2	3	3
Russia,	12	12	12	6	6	6	18	18	18
Scotland,	–	–	1	1	3	5	1	3	6
Sweden,	5	8	7	4	4	4	9	12	11
Syria,	2	2	2	–	–	–	2	2	2
Turkey,	2	2	2	–	–	–	2	2	2
Wales,	–	–	1	–	–	–	–	–	1
West Indies,	1	–	–	1	1	1	2	1	1
Total foreign,	98	127	131	87	122	120	185	249	251
Unknown,	3	13	14	1	9	8	4	22	22
Totals,	194	194	194	174	174	174	368	368	368

5. — Residence of Insane Persons admitted from the Community.

PLACES.	First admitted to Any Hospital.			Other Admissions.			Totals.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
Massachusetts (by counties): —									
Middlesex,	64	64	128	13	22	35	77	86	163
Norfolk,	4	2	6	2	4	6	6	6	12
Suffolk,	2	7	9	2	7	9	4	14	18
Worcester,	124	101	225	24	22	46	148	123	271
Totals,	194	174	368	41	55	96	235	229	464
Cities or large towns (10,000 or over),	138	144	282	32	46	78	170	190	360
Country districts (under 10,000),	56	30	86	9	9	18	65	39	104

6. — Civil Condition of Insane Persons first admitted to Any Hospital.

	Males.	Females.	Totals.
Unmarried,	94	64	158
Married,	76	65	141
Widowed,	15	41	56
Divorced,	4	3	7
Totals,	189	173	362
Unknown,	5	1	6
Totals,	194	174	368

7. — Occupation of Insane Persons first admitted to Any Hospital.

FEMALES.

Bookkeeper,	1	Reader,	1
Cashier,	1	Seamstresses,	3
Clerks,	3	Stenographers,	2
Cooks,	2	Tailoress,	1
Domestics,	36	Teacher,	1
Dressmakers,	2	Waitress,	1
Housekeepers,	8	No occupation,	37
Housewives,	51	Total,	170
Inspector,	1	Unknown,	4
Laundress,	1	Total,	174
Nurses,	3		
Operatives,	15		

MALES.

Baker,	1	Engineers,	2
Barber,	1	Farmers,	10
Blacksmith,	1	Firemen,	4
Bookbinder,	1	Furrier,	1
Brakeman,	1	Gardener,	1
Cabinet makers,	2	Janitor,	1
Carpenters,	9	Laborers,	50
Carriage maker,	1	Locksmith,	1
Chauffeur,	1	Lumberman,	1
Clerks,	8	Machinists,	8
Coachman,	1	Masons,	2
Comb maker,	1	Mechanics,	3
Contractor,	1	Merchant,	1
Cook,	1	Motorman,	1

7. — *Occupation of Insane Persons first admitted to Any Hospital* — Concluded.

MALES — *Concluded.*

Musicians,	2	Tailors,	2
Newspaperman,	1	Teacher,	1
Operatives,	25	Teamsters,	2
Painters,	2	Timekeeper,	1
Pattern makers,	2	Upholsterer,	1
Piano action maker,	1	Waiters,	5
Plumber,	1	Watchman,	1
Printers,	2	Watch repairer,	1
Real estate dealer,	1	No occupation,	14
Shipper,	1	Total,	187
Soldiers,	2	Unknown,	7
Storekeeper,	1		
Students,	2	Total,	194

8. — Ages of Insane at First Attack, Admission and Death.

AGES.	First admitted to Any Hospital.						Died.					
	at first attack.			when admitted.			at first attack.			at time of death.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
Congenital,	13	12	25	–	–	–	2	1	3	–	–	–
15 years and less,	–	–	–	–	–	–	–	–	–	–	–	–
From 15 to 20 years,	9	8	17	9	7	16	–	–	–	–	–	–
20 to 25 years,	20	13	33	24	12	36	1	1	2	–	–	–
25 to 30 years,	24	17	41	29	10	39	1	3	4	–	1	1
30 to 35 years,	18	15	33	17	20	37	5	4	9	4	–	4
35 to 40 years,	13	15	28	18	18	36	5	4	9	3	3	6
40 to 50 years,	29	31	60	36	40	76	14	10	24	15	11	26
50 to 60 years,	19	20	39	20	21	41	18	4	22	15	5	20
60 to 70 years,	23	14	37	20	23	43	20	11	31	24	10	34
70 to 80 years,	12	14	26	16	15	31	8	14	22	13	13	26
Over 80 years,	2	4	6	4	7	11	1	4	5	2	13	15
Totals,	182	163	345	193	173	366	75	56	131	76	56	132
Unknown,	12	10	22	1	–	1	1	–	1	–	–	–
Not insane,	–	1	1	–	1	1	–	–	–	–	–	–
Totals,	194	174	368	194	174	368	76	56	132	76	56	132
Mean known ages (in years),	41.42	42.81	42.08	42.41	46.49	44.34	54.17	56.35	55.53	58.59	64.48	61.09

9. — Probable Causes of Mental Disease in Persons first admitted to Any Hospital.

EXCITING CAUSES.	Admitted.			Predisposing Causes.								
				Hereditary Tendency.			Neurotic Tendency.			Alcoholic Tendency.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
Physical.												
Adolescence,	9	6	15	3	4	7	4	4	8	4	–	4
Adolescence and other causes,	3	2	5	1	1	2	–	1	1	–	1	1
Alcohol,	21	4	25	–	–	–	3	2	5	21	4	25
Alcohol and other causes,	–	3	3	–	–	–	–	1	1	–	3	3
Apoplexy,	–	1	1	–	–	–	–	–	–	–	–	–
Arteriosclerosis,	8	9	17	–	–	–	2	2	4	3	1	4
Brain tumor,	1	–	1	–	–	–	–	–	–	–	–	–
Cerebral hemorrhage,	4	–	4	–	–	–	1	–	1	–	–	–
Cerebral hemorrhage and other causes,	2	–	2	–	–	–	1	–	1	–	–	–
Congenital,	12	1	13	1	–	1	8	1	9	2	–	2
Congenital and other causes,	3	–	3	1	–	1	3	–	3	–	–	–
Constitutional defect,	28	27	55	5	5	10	14	14	28	8	1	9
Epilepsy,	2	1	3	1	–	1	2	–	2	–	1	1
Gross brain disease,	–	2	2	–	–	–	–	1	1	–	–	–
Heat prostration,	1	–	1	–	–	–	–	–	–	1	–	1
Heredity,	14	16	30	14	16	30	7	9	16	2	–	2
Ill health,	3	1	4	–	–	–	–	–	–	–	–	–
Ill health and other causes,	3	–	3	–	–	–	1	–	1	–	–	–
Imbecility,	–	1	1	–	1	1	–	–	–	–	–	–
Involution and menopause,	2	23	25	–	7	7	–	10	10	1	–	1
Morphine,	1	–	1	–	–	–	–	–	–	–	–	–

9. — Probable Causes of Mental Disease in Persons first admitted to Any Hospital — Concluded.

EXCITING CAUSES.	Admitted.			Predisposing Causes.								
				Hereditary tendency.			Neurotic tendency.			Alcoholic tendency.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
Physical — Con.												
Overwork,	2	1	3	–	–	–	–	–	–	–	–	–
Overwork and worry,	1	–	1	–	–	–	–	–	–	–	–	–
Puerperium,	–	3	3	–	1	1	–	1	1	–	–	–
Senility,	9	18	27	–	–	–	3	2	5	3	–	3
Senility and arteriosclerosis,	10	10	20	–	1	1	1	4	5	–	–	–
Spinal meningitis,	–	1	1	–	1	1	–	1	1	–	–	–
Surgical shock,	–	1	1	–	1	1	–	1	1	–	–	–
Syphilis,	19	5	24	1	–	1	6	2	8	3	1	4
Syphilis and other causes,	1	–	1	–	–	–	–	–	–	–	–	–
Trauma,	5	–	5	–	–	–	1	–	1	2	–	2
Mental.												
Bereavement,	–	2	2	–	–	–	–	1	1	–	–	–
Change of environment,	–	2	2	–	–	–	–	–	–	–	–	–
Religious excitement,	1	–	1	–	–	–	–	–	–	–	–	–
Worry,	5	–	5	–	–	–	1	–	1	2	–	2
Totals,	170	140	310	27	38	65	58	57	115	52	12	64
Unknown,	24	33	57	–	–	–	2	7	9	–	–	–
Not insane,	–	1	1	–	–	–	–	–	–	–	–	–
Totals,	194	174	368	27	38	65	60	64	124	52	12	64

10. — Probable Duration of Mental Disease before Admission.

PREVIOUS DURATION.	First admitted to Any Hospital.		
	Males.	Females.	Totals.
Congenital,	13	12	25
Under 1 month,	35	12	47
From 1 to 3 months,	29	25	54
3 to 6 months,	23	16	39
6 to 12 months,	20	16	36
1 to 2 years,	20	7	27
2 to 5 years,	25	35	60
5 to 10 years,	4	20	24
10 to 20 years,	7	16	23
Over 20 years,	5	4	9
Totals,	181	163	344
Unknown,	13	10	23
Not insane,	–	1	1
Totals,	194	174	368
Average known duration (in years),	4.50	5.60	5.04

11. — Form of Mental Disease in Patients admitted from the Community, discharged, with Condition on Discharge, or died.

Form of Disease.	Committed.			Discharged.																		Total Discharges and Deaths.		
				Recovered.			Capable of Self-Support.			Improved.			Not Improved.			Not Insane.			Deaths.					
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
A. — First admitted to any hospital: —																								
Alcoholic insanity, acute: —																								
Alcoholic delirium,	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1
Alcoholic depression,	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	1	–	1
Alcoholic hallucinosis,	13	3	16	7	2	9	1	1	2	2	–	2	1	–	1	–	–	–	–	–	–	11	3	14
Delirium tremens,	2	–	2	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	–	2
Alcoholic insanity, chronic: —																								
Alcoholic deterioration,	1	–	1	–	–	–	–	2	2	2	–	2	3	–	3	–	–	–	–	–	–	5	2	7
Alcoholic hallucinosis,	–	2	2	1	–	1	–	–	–	–	–	–	1	–	1	–	–	–	1	–	1	3	–	3
Alcoholic paranoid condition,	3	–	3	–	–	–	3	–	3	2	–	2	2	–	2	–	–	–	2	–	2	9	–	9
Korsakow's psychosis,	1	1	2	–	–	–	1	1	2	–	–	–	–	–	–	–	–	–	–	–	–	1	1	2
Cerebrospinal syphilis,	1	1	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Constitutional inferiority,	9	2	11	–	–	–	6	1	7	2	1	3	4	2	6	–	–	–	–	–	–	12	4	16
Defective delinquent,	3	1	4	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Dementia præcox,	69	71	140	–	–	–	18	9	27	17	6	23	18	21	39	–	–	–	4	9	13	57	45	102
Epileptic equivalent,	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Epileptic insanity,	3	1	4	–	–	–	–	–	–	–	3	3	1	2	3	–	–	–	4	–	4	5	5	10
Exhaustion psychosis,	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
General paresis,	22	5	27	–	–	–	3	–	3	3	–	3	3	1	4	–	–	–	21	3	24	30	4	34
Huntington's chorea,	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Hysterical insanity,	–	2	2	1	–	1	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	1	1	2
Imbecility,	7	5	12	–	–	–	2	–	2	1	1	2	5	–	5	–	–	–	2	1	3	10	2	12
Katatonia,	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1
Manic-depressive insanity: —																								
Depressed form,	8	16	24	2	4	6	–	6	6	1	4	5	1	1	2	–	–	–	–	3	3	4	18	22
Manic form,	1	7	8	2	2	4	–	1	1	4	–	4	–	–	–	–	–	–	–	1	1	6	4	10

Manic-depressive insanity, allied to,	–	1	1	–	2	2	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	3	3
Moron,	–	5	5	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	1	1
Organic dementia,	19	10	29	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	21	7	28	21	8	29
Paranoid condition,	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	1	–	1
Paranoid condition, senile,	2	3	5	–	–	–	–	–	–	–	3	3	–	–	–	–	–	–	1	2	3	1	5	6
Paraphrenia,	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Senile dementia,	29	32	52	–	–	–	–	–	–	2	2	4	2	2	4	–	–	–	13	24	37	17	28	45
Toxic insanity, acute: —																								
Delirium,	4	1	5	–	1	1	–	–	–	1	1	2	–	–	–	–	–	–	–	–	–	1	2	3
Hallucinosis,	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1
Traumatic insanity,	2	–	2	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	1	1
Unclassified,	1	2	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Unclassified depression,	1	–	1	3	1	4	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	3	2	5
Unclassified paranoid condition,	–	–	–	–	–	–	–	1	1	–	–	–	1	–	1	–	–	–	–	–	–	1	1	2
Not insane,	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	1	1
Totals,	194	174	368	20	13	33	34	22	56	38	23	61	43	33	76	–	1	1	69	50	119	204	142	346
B. — Other admissions: —																								
Alcoholic insanity, acute: —																								
Alcoholic depression,	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	1	–	1
Alcoholic hallucinosis,	2	–	2	3	–	3	2	1	3	1	–	1	–	–	–	–	–	–	–	–	–	6	1	7
Alcoholic insanity, chronic: —																								
Alcoholic deterioration,	1	–	1	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	1	–	1
Alcoholic hallucinosis,	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1
Alcoholic paranoid condition,	2	–	2	–	–	–	–	–	–	1	–	1	1	2	3	–	–	–	–	–	–	2	2	4
Constitutional inferiority,	1	3	4	–	–	–	–	1	1	–	1	1	–	–	–	–	–	–	1	–	1	1	2	3
Dementia præcox,	17	24	41	–	–	–	6	3	9	7	1	8	3	3	6	–	–	–	1	5	6	17	12	29
Epileptic insanity,	1	3	4	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1
General paresis,	4	1	5	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	1	–	1
Imbecility,	3	–	3	–	–	–	1	–	1	–	–	–	1	–	1	–	–	–	–	–	–	2	–	2
Manic-depressive insanity: —																								
Depressed form,	3	6	9	1	3	4	1	3	4	–	2	2	–	1	1	–	–	–	–	–	–	2	9	11
Manic form,	6	13	19	1	3	4	–	3	3	–	–	–	–	–	–	–	–	–	–	–	–	1	6	7
Mixed form,	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	1	1
Manic-depressive insanity, allied to,	–	1	1	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1
Moron,	–	1	1	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1
Organic dementia,	1	1	2	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	3	–	3	4	–	4
Paranoid condition,	–	–	–	–	–	–	–	–	–	–	1	1	–	1	1	–	–	–	–	–	–	–	2	2
Paranoid condition, senile,	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	1	–	1
Psychopathic personality,	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	1	–	1
Senile dementia,	1	1	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	1	–	1

11. — Form of Mental Disease in Patients admitted from the Community, discharged, with Condition on Discharge, or died — Concluded.

Form of Disease.	Committed.			Discharged.																		Total Discharges and Deaths.		
				Recovered.			Capable of Self-Support.			Improved.			Not Improved.			Not Insane.			Deaths.					
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
B. — Other admissions — *Con.*																								
Toxic insanity, acute: —																								
Hallucinosis,	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Traumatic insanity,	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	1	–	1
Unclassified depression,	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1
Totals,	42	56	98	5	8	13	12	12	24	12	5	17	8	7	15	–	–	–	7	6	13	44	38	82
Aggregate cases,	236	230	466	25	21	46	46	34	80	50	28	78	51	40	91	–	1	1	76	56	132	248	180	428
Aggregate persons,	235	229	464	25	21	46	46	34	80	50	28	78	51	40	91	–	1	1	76	56	132	248	180	428

12. — Discharges of the Insane, classified by Admission and Result.

NUMBER OF THE ADMISSION.	Recovered.			Capable of Self-support.			Improved.			Not improved.			Not Insane.			Died.			Aggregates.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
First to this hospital,	22	16	38	41	25	66	43	25	68	47	35	82	–	1	1	70	53	123	223	155	378
Second to this hospital,	1	3	4	3	4	7	7	2	9	4	3	7	–	–	–	6	1	7	21	13	34
Third to this hospital,	1	2	3	1	3	4	–	–	–	–	2	2	–	–	–	–	1	1	2	8	10
Fourth to this hospital,	1	–	1	–	2	2	–	–	–	–	–	–	–	–	–	–	1	1	1	3	4
Sixth to this hospital,	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1
Thirteenth to this hospital,	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	1	1
Total cases,	25	21	46	46	34	80	50	28	78	51	40	91	–	1	1	76	56	132	248	180	428
Total persons,	25	21	46	46	34	80	50	28	78	51	40	91	–	1	1	76	56	132	248	180	428
First admitted to any hospital,	20	13	33	34	22	56	38	23	61	43	33	76	–	1	1	69	50	119	204	142	346

13. — Causes of Death, and Form of Mental Disease in Persons who died.

CAUSES OF DEATH.	Aggregates.			General Paresis.			Senile Dementia.			Organic Dementia.			Dementia Præcox.			Manic-depressive Insanity.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
I. General diseases: —																		
Addison's disease,	–	1	1	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–
Carbuncle of neck,	–	1	1	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
Carcinoma, gastric,	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1
Carcinoma, intestinal,	–	2	2	–	–	–	–	–	–	–	–	–	–	2	2	–	–	–
Colitis, chronic ulcerative,	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Diabetes,	–	1	1	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–
Erysipelas,	–	1	1	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
Epilepsy with chronic bronchitis,	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Pellagra,	1	1	2	–	–	–	1	–	1	–	–	–	–	1	1	–	–	–
Purulent otitis media, erysipelas left leg, cardiovascular-renal disease,	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Septic parotiditis,	–	1	1	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
Septicæmia from decubiti,	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Septicæmia from gangrenous foot,	2	–	2	–	–	–	1	–	1	1	–	1	–	–	–	–	–	–
Septicæmia from ulcer,	1	–	1	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–
Septicæmia, general,	1	–	1	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
II. Diseases of the nervous system: —																		
Alcoholic neuritis,	1	–	1	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–
Apoplexy,	1	–	1	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–
Brain tumor,	2	–	2	–	–	–	–	–	–	2	–	2	–	–	–	–	–	–
Central neuritis,	–	1	1	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–
Cerebral embolism,	–	1	1	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–
Cerebral hemorrhage,	2	3	5	–	–	–	–	–	–	2	1	3	–	1	1	–	1	1
Cerebral thrombosis,	–	1	1	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
Cerebral thrombosis and subdural hemorrhage,	1	–	1	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–
Cerebrospinal syphilis,	1	–	1	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–
General paresis,	17	3	20	17	3	20	–	–	–	–	–	–	–	–	–	–	–	–

Internal hemorrhagic pacchymeningitis,	1	–	1	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
Multiple cerebral abscesses,	–	1	1	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
Organic brain disease,	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
III. Diseases of the circulatory system: —																		
Acute cardiac dilatation,	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Arteriosclerosis,	3	7	10	–	–	–	1	6	7	1	1	2	1	–	1	–	–	–
Arteriosclerosis and other causes,	1	–	1	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
Aortic and mitral regurgitation,	1	–	1	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–
Cardiovascular-renal disease,	7	5	12	–	–	–	3	3	6	2	–	2	1	2	3	–	–	–
Chronic endocarditis,	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1
Valvular heart disease,	3	–	3	1	–	1	1	–	1	1	–	1	–	–	–	–	–	–
IV. Diseases of the respiratory system: —																		
Chronic bronchitis with hydrothorax and œdema of brain,	1	–	1	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
Pneumonia, broncho,	5	1	6	1	–	1	1	–	1	2	–	2	–	1	1	–	–	–
Pneumonia, hypostatic,	5	1	6	1	–	1	–	1	1	3	–	3	1	–	1	–	–	–
Pneumonia, lobar,	5	7	12	–	–	–	1	4	5	4	2	6	–	1	1	–	–	–
Pneumonia, lobar and empyema,	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
Pneumonia, traumatic lobar,	–	1	1	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
Pulmonary abscess,	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1
Pulmonary gangrene, double,	–	1	1	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–
Pulmonary tuberculosis,	5	7	12	1	–	1	–	2	2	–	–	–	1	3	4	–	1	1
V. Diseases of the genito-urinary system: —																		
Chronic interstitial nephritis,	–	2	2	–	–	–	–	1	1	–	1	1	–	–	–	–	–	–
Chronic parenchymatous nephritis,	–	1	1	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–
VI. Accidents and violence: —																		
Accidental burns of feet, myocarditis with fatty degeneration, infective thrombosis right femoral artery,	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Asphyxia during epileptic seizure,	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Fracture of skull, hemorrhage of brain,	1	–	1	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
Multiple injuries, fractured spine and ribs,	1	–	1	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–
Totals,	76	56	132	22	3	25	14	24	38	24	7	31	5	14	19	–	5	5

13. — Causes of Death, and Form of Mental Disease in Persons who died — Concluded.

CAUSES OF DEATH.	Alcoholic Insanity, Chronic.			Epileptic Insanity.			Imbecility.			Senile Paranoid Condition.			Constitutional Inferiority.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
I. General diseases: —															
Addison's disease,	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Carbuncle of neck,	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Carcinoma, gastric,	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Carcinoma, intestinal,	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Colitis, chronic ulcerative,	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–
Diabetes,	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Erysipelas,	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Epilepsy, with chronic bronchitis,	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–
Pellagra,	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Purulent otitis media, erysipelas left leg, cardio-vascular-renal disease,	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–
Septic parotiditis,	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Septicæmia from decubiti,	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–
Septicæmia from gangrenous foot,	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Septicæmia from ulcer,	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Septicæmia, general,	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
II. Diseases of the nervous system: —															
Alcoholic neuritis,	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Apoplexy,	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Brain tumor,	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Central neuritis,	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Cerebral embolism,	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Cerebral hemorrhage,	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Cerebral thrombosis,	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Cerebral thrombosis and subdural hemorrhage,	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Cerebrospinal syphilis,	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
General paresis,	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–

Internal hemorrhagic pacchymeningitis,	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Multiple cerebral abscesses,	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Organic brain disease,	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–
III. Diseases of the circulatory system: —																
Acute cardiac dilatation,	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–
Arteriosclerosis,	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Arteriosclerosis and other causes,	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Aortic and mitral regurgitation,	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Cardiovascular-renal disease,	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–
Chronic endocarditis,	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Valvular heart disease,	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
IV. Diseases of the respiratory system: —																
Chronic bronchitis with hydrothorax and œdema of brain,	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Pneumonia, broncho,	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–
Pneumonia, hypostatic,	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Pneumonia, lobar,	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Pneumonia, lobar and empyema,	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Pneumonia, traumatic lobar,	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Pulmonary abscess,	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Pulmonary gangrene, double,	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Pulmonary tuberculosis,	1	–	1	–	–	–	1	–	1	–	1	1	1	–	1	
V. Diseases of the genito-urinary system: —																
Chronic interstitial nephritis,	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Chronic parenchymatous nephritis,	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
VI. Accidents and violence: —																
Accidental burns of feet, myocarditis with fatty degeneration, infective thrombosis right femoral artery,	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–
Asphyxia during epileptic seizure,	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–
Fracture of skull, hemorrhage of brain,	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Multiple injuries, fractured spine and ribs,	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Totals,	3	–	3	4	–	4	2	1	3	1	2	3	1	–	1	

14. — Duration of Mental Disease and its Treatment in Persons who recovered or died.

PERIOD.	First admitted to Any Hospital.									All Other Admissions.					
	Duration before admission.			Hospital residence.			Whole duration.			Whole known period of mental disease.			Whole known period of hospital residence.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
A. — Recovered: —															
Under 1 month,	15	5	20	3	4	7	2	2	4	–	–	–	–	–	–
From 1 to 3 months,	1	6	7	9	3	12	7	1	8	–	1	1	–	2	2
3 to 6 months,	3	–	3	5	4	9	5	6	11	–	1	1	–	–	–
6 to 12 months,	–	1	1	1	–	1	3	1	4	1	3	4	2	3	5
1 to 2 years,	–	1	1	1	1	2	1	1	2	2	1	3	1	1	2
2 to 5 years,	1	–	1	–	1	1	1	2	3	–	1	1	1	1	2
5 to 10 years,	–	–	–	–	–	–	–	–	–	1	–	1	–	1	1
10 to 20 years,	–	–	–	1	–	1	1	–	1	–	1	1	–	–	–
Over 20 years,	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Totals,	20	13	33	20	13	33	20	13	33	4	8	12	4	8	12
Unknown,	–	–	–	–	–	–	–	–	–	1	–	1	1	–	1
Totals,	20	13	33	20	13	33	20	13	33	5	8	13	5	8	13
Average of known cases (in months),	2.95	2.77	2.88	12.11	7.23	10.19	15.06	10.00	13.07	31.01	31.50	31.34	26.86	22.38	23.85

B. — Died: —															
Under 1 month,	9	3	12	15	7	22	2	–	2	–	–	–	–	–	–
From 1 to 3 months,	9	4	13	5	5	10	2	1	3	–	–	–	1	–	1
3 to 6 months,	10	5	15	9	8	17	5	3	8	–	–	–	2	–	2
6 to 12 months,	10	7	17	12	4	16	8	4	12	1	–	1	–	–	–
1 to 2 years,	10	4	14	11	4	15	13	3	16	1	–	1	2	1	3
2 to 5 years,	10	13	23	8	11	19	18	13	31	2	–	2	1	2	3
5 to 10 years,	3	4	7	2	7	9	6	11	17	1	1	2	–	1	1
10 to 20 years,	2	5	7	5	3	8	7	8	15	–	4	4	1	1	2
Over 20 years,	2	3	5	2	1	3	4	5	9	2	1	3	–	1	1
Totals,	65	48	113	69	50	119	65	48	113	7	6	13	7	6	13
Unknown,	4	2	6	–	–	–	4	2	6	–	–	–	–	–	–
Totals,	69	50	119	69	50	119	69	50	119	7	6	13	7	6	13
Average of known cases (in months),	34.41	61.65	46.00	35.94	86.54	57.20	60.38	100.78	79.33	186.16	220.03	201.79	21.29	117.84	65.85